



# Corporate

## Membership Application

Referred by: \_\_\_\_\_  
Name of DRI member attorney (if applicable)

Referring committee: \_\_\_\_\_  
Name of DRI committee (if applicable)

Annual dues for corporate membership in DRI are \$500 USD for up to FOUR individuals (attorneys and non-attorneys). Each additional corporate employee may join for \$150. Corporate members may take advantage of the many benefits that come with an individual membership. **Corporate membership does not apply to law firms.**

Each corporate member listed on the application will receive subscriptions to For The Defense and In-House Defense Quarterly magazines. All first-time corporate members listed on the initial corporate membership application will receive a **FREE** certificate to attend a DRI seminar, excluding the Annual Meeting.

Corporation or Company Name \_\_\_\_\_

List type of product(s) manufactured or describe services provided:

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

\_\_\_\_\_ Zip/Post Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

List the first four individuals applying for your corporate membership.

1. Corporate Additional Name / Corporate Billing Contact \_\_\_\_\_

Title/position (required) \_\_\_\_\_ Email \_\_\_\_\_

If an attorney, first time admitted to the Bar in:

\_\_\_\_\_ in \_\_\_\_\_  
state/province month/day/year bar number

☐ In-house counsel (as defined below\*) ☐ Claims executive (as defined below\*\*) ☐ Government Entity (as defined below\*\*\*)

OPTIONAL

DRI is committed to advancing diversity, equity and inclusion in its membership and leadership. Accordingly, applicants are invited to indicate which of the following may best describe them:

MM/YY of birth \_\_\_\_\_

☐ Male ☐ Female ☐ Prefer not to say

☐ I am an armed service veteran

☐ African American

☐ Caucasian

☐ Asian American

☐ Native American

☐ Hispanic

☐ Multi-Racial

☐ LGBTQIA+

☐ Other: \_\_\_\_\_

2. Corporate Additional Name \_\_\_\_\_

Title/position (required) \_\_\_\_\_ Email \_\_\_\_\_

If an attorney, first time admitted to the Bar in:

\_\_\_\_\_ in \_\_\_\_\_  
state/province month/day/year bar number

☐ In-house counsel (as defined below\*) ☐ Claims executive (as defined below\*\*) ☐ Government Entity (as defined below\*\*\*)

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☐ I am an armed service veteran

☐ African American

☐ Caucasian

☐ Asian American

☐ Native American

☐ Hispanic

☐ Multi-Racial

☐ LGBTQIA+

☐ Other: \_\_\_\_\_

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\*\* Any member of DRI employed as a claims professional by a corporation or insurance company, who spends a substantial portion of his or her professional time hiring or supervising outside counsel in the representation of business, insurance companies or their insureds, associations or governmental entities in civil litigation, or those claims executives who directly or indirectly manage other professionals who do so, will be entitled to free attendance at any DRI program, excluding the Annual Meeting.

\*\*\* Licensed attorneys employed by a government entity at a local, state, or national level.

# DRI Corporate Membership Application, *continued*

3. Corporate Additional Name \_\_\_\_\_  
 Title/position (required) \_\_\_\_\_ Email \_\_\_\_\_

If an attorney, first time admitted to the Bar in:

\_\_\_\_\_ in \_\_\_\_\_  
 state/province month/day/year bar number

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☐ African American

☐ Caucasian

☐ Asian American

☐ Native American

☐ Hispanic

☐ Multi-Racial

☐ LGBTQIA+

☐ Other: \_\_\_\_\_

4. Corporate Additional Name \_\_\_\_\_  
 Title/position (required) \_\_\_\_\_ Email \_\_\_\_\_

If an attorney, first time admitted to the Bar in:

\_\_\_\_\_ in \_\_\_\_\_  
 state/province month/day/year bar number

☐ In-house counsel (as defined below\*) ☐ Claims executive (as defined below\*\*) ☐ Government Entity (as defined below\*\*\*)

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☐ Caucasian

☐ Asian American

☐ Native American

☐ Hispanic

☐ Multi-Racial

☐ LGBTQIA+

☐ Other: \_\_\_\_\_

I hereby make application for corporate membership.

I authorize DRI to send me announcements via mail, facsimile and phone about its programs, services and all other offerings that may be of interest to me or my colleagues. I also consent to receipt of notices from DRI in electronic form, including email and commercial electronic messages. I understand I have the right to withdraw my consent at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_ All applications must be signed and dated.  
 Corporate billing contact

## Dues

Corporate Membership (includes up to four corporate employees) \$500

Number of additional corporate employees: \_\_\_\_\_ x \$150 = \$ \_\_\_\_\_  
 (excluding the first four)

**Total Due** \$ \_\_\_\_\_

## Please remit payment to:

DRI 72225 Eagle Way  
 Chicago, IL 60678-7252  
 P: 312.795.1101 | F: 312.795.0747  
 membership@dri.org | dri.org

## Payment Method

☐ My check for \$ (USD) is enclosed.

☐ Please bill me. (Your membership will be inactive until DRI receives payment.)

☐ Please charge my credit card. (Provide card information.)

☐ VISA ☐ MasterCard ☐ American Express

Card # \_\_\_\_\_

Exp. Date \_\_\_\_-\_\_\_\_ Name on Card \_\_\_\_\_

CVC \_\_\_\_\_ Authorized Signature \_\_\_\_\_

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# DRI Corporate Membership Application, *continued*

Please list Corporation or Company Name \_\_\_\_\_

Corporate Additional Name _____			
Title/position ( <i>required</i> ) _____		Email _____	
<b>If an attorney, first time admitted to the Bar in:</b>			
_____ in _____		_____	
state/province	month/day/year	bar number	
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			<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Asian American <input type="checkbox"/> LGBTQIA+ <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
			<input type="checkbox"/> I am an armed service veteran

Corporate Additional Name _____			
Title/position ( <i>required</i> ) _____		Email _____	
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Please photocopy this page as needed.

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